

TELESCHOOL PROGRAM SCHEDULING REQUEST

Return to Teleschool Branch via mail, fax, or e-mail.

Teleschool Branch

1122 Mapunapuna Street, Suite 201

Honolulu, Hawaii 96819

Phone: 837-8004 Fax: 837-8010

barry_nakasone@notes.k12.hi.us

A. CLIENT INFORMATION

Name

Title/Position

School / Office / Organization

Address

City

Zip

Phone

Fax

E-mail

B. PROGRAM AND RIGHTS INFORMATION

Series / Program Title

No. of programs

Program length (in minutes)

Closed-captioned?

Target Audience: K-3

4-5

6-8

9-12

Teacher (PD)

Adult/Community Ed.

Parent Ed.

Other

Program offered for credit? Yes

No

Coverage: Statewide

Oahu Only

Program/series includes broadcast/cablecast rights? Yes

No

Program/series includes duplication rights? Yes

No

Broadcast and duplication rights: are granted in perpetuity

expire on

Copyright date

C. SCHEDULING REQUEST INFORMATION

Start date for program to be aired:

End date:

Interval: Weekly

Monthly

Other:

Preferred Day: Sunday

Monday

Tuesday

Wednesday

**Please indicate the day, in order of preference, that you would like your program to air; 1= most, 5=least

Thursday

Friday

Saturday

Time: Morning

Afternoon

Evening

**Note: Scheduling is completed on a first come, first serve basis. We will, however, do our best to meet your request as best we can.

D. AGREEMENT

POLICY STATEMENT: To ensure efficient processing and scheduling of video programming, the following procedure is effective (02/01/2007):

1. Requestor (DOE Staff) must complete request form at least two weeks before airing (Form can be found on the Teleschool Branch Web site).
2. If program/series IS NOT in the Teleschool Branch server, Betacam SP masters must be delivered for digitizing a minimum of four (4) workdays prior to airing. Incomplete series will not be scheduled. Live, distance-learning programs are exempt from this deadline.
3. Program producer/provider will deliver complete set of series masters together with a copy of the **Teleschool Program Scheduling Request** form.
4. Client is responsible for evaluating program effectiveness and providing evaluation results to Teleschool.
5. Scheduling request will be fulfilled on a first come, first serve basis.
6. Requestor will be informed of days/times program will be aired via email.

Signature

Date

E. FOR TELESCHOOL BRANCH USE ONLY

Date submitted _____

Air dates/time(s):

Confirmed schedule with client: _____

Notes: